THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 149. PHILADELPHIA, AUGUST 27, 1859. NEW SERIES, VOL. II. NO. 22.

Original Communications.

ANATOMY

IN ITS

RELATIONS TO MEDICINE

AND

SURGERY.

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No. 10.

CRANIAL REGION (concluded.)—Behind the thalami is the *tubercula quadrigemina*, underneath which passes the communicating canal (*iter e tertio ad quartam ventriculum*) between the third and fourth ventricles, and is surmounted by the pineal gland. The pia matral prolongations within the ventricles—*plexus chorioidei*—are exceedingly vascular, with villous eminences, covered with cilliated epithelia. They empty their blood through the veins of Galen into the sinus rectus. The ventricles, or at least such portions of them as are not covered by the pia mater, are lined by a layer of tessellated cells, which rest against the neurine forming their walls, and constitute the *ependyma ventriculorum*.

Both the cerebrum and the cerebellum consist of two distinct structures, *cortical* and *medullary*.

The cortical, distinguished by the naked eye by its dark color, exhibits, microscopically, an aggregation of nerve cells, nerve fibres, blood vessels and pigment matter. The medullary making up the great mass, consists of nerve fibres, arranged principally parallel with each other, having blood vessels interposed and connected by a granular material. Connective or fibrous tissue, which enters so largely into the composition of organs generally, is absent here. The cerebral hemispheres are additions to animals possessing intelligence.

Blood Vessels.—The blood vessels are derived principally from two sources, the *internal carotids*, which enter the cranium through canals in the petrous parts of the temporal bones, and the *vertebrals*, which, originating from the subclavian arteries, enter through the great occipital foramen. Their coats are three in number until they diminish greatly in size, but are more delicate, and with a diminished power of resistance than elsewhere, probably, from their middle layer being wholly muscular without elastic tissue. When a section of the brain is made, especially if recent, numerous red points come into view over its surface. These are the *puncta vasculosa*, or blood drops from the divided vessels. The vascularity of any part of the encephalon depends upon the amount of gray matter, hence the cortical part and the ganglionic masses are found to be very rich in blood vessels. The medulla oblongata and the pons Varolii probably have the least number. The exact connexion existing between the nerve fibres or medullary part of the brain and the gray or cortical portion, has never been satisfactorily seen, and we cannot, therefore, venture to assert any opinion with certainty on this subject. Between different parts both of the great centres and the nerves which emanate from them, there exist decussations. In the floor of the fourth ventricle, which is formed by the medulla oblongata, there is probably a decussation among parts of nine or ten pairs of the cerebral nerves. The chemical constitution of nervous matter has not been thoroughly investigated. It abounds, however, in albuminous and fatty matters, the latter so abundantly

associated with phosphorus as to be termed phosphorized fat.

Practical Remarks.—With the above enumeration of the anatomical constituents of the encephalon, the following pathological conditions may be understood with a reasonable degree of clearness.

Hypertrophy.—The term, when applied to the nervous system, should not be misunderstood. There is no demonstrable increase in the proper nerve tissue, at least in regard to the medullary or tubular part, but the increase in volume is attained by a deposit intermediate, or by multiplication of the soft intertubular granular material, just as there are hypertrophies of glandular organs by new formations of the connecting cellular tissue. This disease has been so uniformly found associated with inordinate development of the lymphatic trunks and glands that several authorities look for its origin in constitutional rather than local causes. If the cranial sutures be firmly closed, the seriousness of the disease is greatly enhanced by the peripheral resistance to the enlargement. The naked eye will suspect this morbid condition, when on the removal of the calvaria the membranes appear pale and bloodless, and on their division the brain increases in bulk by the rebound of its constituents after the removal of the compressing obstacles. For this reason, after the organ is removed for examination, it will be found to have become too large to be replaced. The exterior resistance also accounts for the diminution in the size of the ventricles.

Atrophy.—Whatever diminishes the supply of blood to the organ, must tend in some measure to produce such a condition, just as in other portions of the body; thus ligature of the carotids, or pressure upon the great vessels of the neck, from deeply situated tumors, or pressure within the cranium; idiocy; and, most frequent of all, old age. The brain of drunkards frequently undergoes this change. When cut into, it appears shrivelled, and when torn apart is of a tough and doughy consistence. As in atrophy elsewhere, a change of color occurs, "becoming rusty," from alteration in the proper pigment formation. The shrinking of the brain must tend to produce a vacuum, and hence the explanation of the attending congestions, dilatation of blood vessels, hemorrhage, producing apoplexy, and serous exudations. To compensate for the discrepancy in size between the cranium and its contents, the diploe sometimes becomes greatly expanded, thus pressing inwards the vitreous table, or additions of bone are made to its inner surface, or the arachnoid fluid is greatly increased in quantity.

Phrenitis.—Properly an inflammation of the cerebrum; and, of course, the puncta vasculosa will be greatly multiplied, the connecting substance or matrix infiltrated for some distance around the focus of disease, by an exudation of serum or something more plastic in character, and also an extravasation of blood from ruptured capillaries, even breaking down and lacerating the surrounding neurine, the phenomena being nearly identical with inflammatory processes elsewhere. So, also, with the results or succeeding changes; the effused lymph may produce induration, or atrophy of the parts in contact, and may terminate in the formation of abscess. Such purulent collections occasionally break into the ventricles and produce instantaneous death, by pressure on the great cerebral ganglia. Or may, by involving the petrous part of the temporal bone, be discharged into the ear, or, if located in the anterior lobes, find an exit into the nose through the cribriform plate of the ethmoid bone. As the conditions requisite for intellectual manifestation are referred to the cerebral hemispheres, it may be expected (what is verified by observation) that their inflammation will be attended by exaltation, perversion or obliteration of their natural operations. Thus it is noticed that in the incipiency of such attacks, where it may be inferred the condition is one only of blood determination, patients manifest a remarkable degree of vivacity or brilliancy of the imagination, or perhaps great moroseness and irritability of temper. Such diversity of mood has been seized upon by the phrenological school as affording support to their territorial localization of the intellectual faculties. The stupor which occasionally ac-

companies or succeeds cerebritis, is an evidence of pressure, either from exudation or great vascular turgescence or extravasation.

Apoplexy.—The cerebral blood vessels may give way, followed by an escape of blood, to which condition is applied the term *sanguineous apoplexy.* When the superficial vessels, or those of the pia mater are the source of the bleeding, it is *peripheral* apoplexy. The immediate consequences of such an accident is due to the pressure exerted upon the nerve substance, and a diagnosis of its location must be founded in a great measure on our physiological knowledge. The corpora striata or the thalami are most commonly the seat of such discharges, just as might be anticipated from their great vascularity, as mentioned in the anatomical division of our subject, and from the want of support on their ventricular surface. The paralysis which follows such accidents, implicating voluntary movements, and sensation, tends to corroborate the physiological opinion of these bodies being the great centres of motion and sensation.

Effusions of blood into the cerebellum (though by no means common) will not be productive of permanent mental disturbance. If this part be a motorial co-ordinator, and also in some sense the seat of sexual feelings its inflammations and congestions may be expected to excite irregularities of movement and perversion of the animal propensities. In support of such inferences, blows over the region of the cerebellum, or affections of it from other causes, have been followed by chorea, nymphomania, and impotency, &c.

If the discharge of blood takes place in the medulla oblongata, death may be expected to take place suddenly, as it constitutes the centre of the respiratory movements.

The existence of certain conditions on one side of the encephalon, affecting the opposite side of the body must be explained by the decussating fibres. This, however, is not always the case, there being frequent exceptions, which, with many other phenomena, must await for their proper explanation, a more advanced state of anatomical knowledge.

Softening.—Several forms of this condition are recognized by pathologists, and considerable diversity of opinion entertained as to its inflammatory or non-inflammatory origin. The rational marks of its existence are a circumscribed, soft, pulpy, dissolved condition, accompanied by different shades of color, red, white or yellow. Microscopically examined, detatched portions of the nerve tubes may be seen in abundance with fat and pigment cells. The changes occurring in softening are believed by Rokitansky to depend upon chemical influences, and by Fremby are regarded as a process of *putrefaction.*

Œdema.—This may be decided upon when the brain is found soft, soaked with moisture and exhibits a polished appearance when sliced by the knife. The fluid occupies the intertubular spaces and the absence of cellular tissue as a connecting bond will leave the neurine subject to laceration.

Wounds.—If incised, they may heal by intermediate union, if there be loss of substance by granulation. If these granulations become luxuriant, so as to rise above the surface, they form the *fungus* cerebri. The medullary portion, if destroyed, is not restored, though it is said ganglionic masses after being removed will be reproduced.

Ventricles.—The ventricles normally present a moist surface; when this amounts to a collection of fluid, it forms the *hydrocephalus internus.* From what has been said as to their anatomy, this fluid may come from the vessels of the choroid plexus, or those of the cerebrum; in the former case it may therefore be a sequel of meningitis. When the fluid is furnished by the cerebral vessels it must pass through the ependyma of the ventricles in order to reach their cavities. Beneath this lining a layer of homogeneous material sometimes is seen, which not naturally existing, may be regarded as pathological. In such cases the cavities appear to be lined by a false membrane. A large liquid accumulation in the ventricles may pass through their lining into the cerebral hemispheres, saturating them with fluid, and producing death by paralysing the brain. This might be named serous apoplexy; although this term is applicable to any serous exudation

compressing and paralyzing the organ, whether in its membranes, substance or ventricles.

In hydrocephalus advancing towards a fatal termination, the patient is sometimes discovered to have irregularity in movement, or loss of sensation or vision, and finally, difficulty of swallowing and breathing. These may be explained by the ventricular communications through which the pressure of the fluid can be exerted successively upon the corpora striata, thalami, tubercula quadrigemina, and the medulla oblongata which forms the floor of the fourth ventricle. Pressure from any cause upon the sinus rectus will tend to produce dropsical accumulations in the ventricles by preventing the discharge of blood from the veins of Galen, just as pressure on the venous trunks of the abdomen will be followed by œdema in the extremities. The effect of hydrocephalus is to increase the size of the vertricles. In those cases where the head attains such an extraordinary size, the sutures have not united and the brain becomes expanded into a mere hollow shell. In examining the brains of aged persons a small amount of fluid is very common, and which must be explained in the fact that there has been senile atrophy of the organ and the exudations produced by the vacuum thus formed.

Cysts.—These will be met with attached to the choroid plexus, and frequently filled with a clear limpid fluid. They are formed from the villous appendages of these bodies just as granulations are formed, it would seem to me, in the palpebral conjunctiva. They may become hard by the formation within them of some earthy matter gritting like sand when rubbed between the fingers.

Shrunken cysts will sometimes be met with in the gray matter of the brain most frequently near the surface; the walls of which are tough and contain a cretaceous product. These are of a very different character from the former, being, it is alleged, the habitat of a variety of entozoa, the "Echinococcus." A third kind of cysts met with is the apoplectic, in which there has been a lesion of blood vessels allowing an extravasation of blood which infiltrating the structure breaks it down for some distance around. Following the occurrence an inflammatory process is set up in the neighboring vessels, which results in the removal of the irregular and lacerated portions, and an exudartion of of lymph lining the cavity produced by the soaking up and absorption of the clot. This cavity may contract subsequently so as only to leave traces of its existence.

Cancer and Tubercle. Both are common in the brain and may exist in circumscribed masses, or scattered throughout it structure.

Accidents involving the brain are sometimes followed by rapid emaciation of the body, and profound alterations in the quality of the blood. The phosphatic deposits which appear in the urine either as a result of intense study or disease, indicate wasting of the nervous tissue.

A Case of Intestinal Obstruction, caused by Lumbrici.

By J. M. DALLAM, M. D.,
Of Philadelphia.

On the evening of the 18th July, I was requested to visit Harry Weiss, who was said by the messenger to be suffering severely with pain in his "stomach." I proceeded at once to the house, and found a tall, slender, pale, sickly looking boy, four years of age, writhing in pain, which, however, was seated just above the symphysis pubis. Skin and pulse normal, abdomen slightly tympanitic, no tenderness on pressure. Knowing from previous experience that the parents withheld nothing from their children which they might ask for, be it ever so detrimental to health, I inquired what the boy had eaten. The answer was the usual diet of meat, bread, potatoes, butter, coffee, &c., with pears and apples for lunch, and about 10 o'clock the previous evening he had eaten a saucer of strawberries and milk. Thinking it unnecessary to look further for a cause, and as the chief indication seemed to be to relieve pain, I ordered the application of a sinapism, administered tr. opii acetat. gtt. iv, (which I happened to have in my pocket,) and gave direction to repeat the dose in an hour if the pain continued. In about an hour the father of the boy called to say that he was

sleeping comfortably, and he thought nothing further would be needed. I directed him to give in the morning a table-spoonful of castor oil, and if it should operate before my arrival, to notice particularly the character of the evacuations.

19th.—Called to-day and found Harry playing quite cheerfully, and, to all appearances, quite well. Oil had operated freely, producing healthy looking stools. Gave the parents the usual lecture about diet of children, and other hygienic rules, (which they, by the way, are sure to forget by the time the doctor is out of hearing,) and took my leave, perfectly satisfied with my skill in having conducted the case to so favorable and rapid a termination.

20th.—I was surprised by a summons at eight this morning to see Harry as quickly as possible, as the pain had returned more violently than ever. Arriving at the house, I found the boy complaining of very severe pain, and judging by his writhings and screams, it *was* severe, but he referred it now to the umbilical and right hypochondric regions. There was now slight tenderness on pressure, the tongue was furred in the centre, and the conjunctiva yellowish. Had eaten the day previous, oatmeal gruel and boiled rice. Ordered warm fomentations and the following powder:

℞. Hyd. chlo. mit. gr. j.
Pulv. ipecac. et opii, gr. xvj.
M. ft. chart, No. viij.

One to be given every second hour. Two of the powders completely relieved him. They were, however, continued at intervals of three hours, until all were taken. Next morning ordered a dose of magnesia, which produced several copious evacuations, and brought away several large lumbrici. The parents now recollected that for some months past Harry would occasionally speak of having passed worms at his daily evacuations. They, however, paid no attention to it, thinking all children had more or less worms. I heard nothing further from Harry until the morning of the 26th, when I was again requested to visit him, as the pain had returned, and with it some new symptoms. I did not (being engaged) see him until afternoon, when he was apparently suffering a great deal, but the pain was now in the *left groin, running up to the internal abdominal ring*, and also in the *coccyx* and *sacrum*. Another singular feature of the case was that he could not be induced, either by threat or persuasion, to sit down, even when he wished to go to stool, (which he did frequently, the bowels being quite loose,) complaining that the attempt to do so gave him intense pain directly at the verge of the anus. I made a careful examination of the scrotum, spermatic cord and rectum, but could find nothing abnormal in either. The symptoms were so much like a case of rectal obstruction I had to treat some years since, in which I picked out with a pair of forceps near 300 cherry seeds, that I suspected something of the kind, and the fact that a cherry tree stood near the door, seemed rather to confirm my suspicions. He, however, stoutly denied having eaten any of the cherries, and as I could not discover anything in the rectum, I was forced to look further for the cause of such a singular symptom. The mother urged me to give some of the powders he had taken before with so much benefit, and I confess, not knowing anything better, I complied with her wishes. Now, however, the calomel was omitted, and I merely gave a sufficient quantity of Dover's powder to relieve the urgent symptoms, and acting upon the hint the worms had given, ordered the following mixture:

℞. Sodæ bicarb. ʒ ss.
Ext. hyoscyami gr. xvj.
Ext. spigeliæ et sennæ fluidum f ʒij. M.
And give a desert-spoonfull three times a day.

28th.—This afternoon Harry had an evacuation of the bowels in the upright posture, which was attended with intense pain, so much so that, to use his mother's language, she thought he would "go into fits." He voided three large worms, which were knotted and twisted upon each other, forming an almost solid knot as large as a full sized walnut. It was with great difficulty he could force them out, but *from that moment all pain and the inability to sit down ceased.* The medicine was continued for several days, and he discharged, I think, 12 more lumbrici, at different times, presenting, however, nothing unu-

sual in appearance. He now seems very well, appetite much better than it has been for a long time, and I think his appearance altogether much improved.

A Case of Arrest of Developement in Utero.

By GEO. J. ZIEGLER, M. D.,
Of Philadelphia.

It has long been a subject of discussion whether an impression produced upon the mind of a pregnant female could influence the fœtus in utero. This question is still *sub judice*, and will continue to be so until a sufficient number of facts shall be collected to decide it either in the affirmative or negative. It is, therefore, a matter of some importance to preserve every thing bearing upon this subject, in order to acquire the necessary data to solve this great problem of life, and as a case has recently come under my notice, I place it upon record.

The facts are simply as follows:—On coming down stairs one day, a lady of this city discovered one of her little boys apparently in the act of cutting off the hand of his infant sister, but soon found that he was only drawing the back of a large knife across her wrist. Before appreciating this however, she was greatly frightened, yet soon recovered from the shock, though the event was considered of sufficient importance to communicate to her husband on his return from business.

This unpleasant incident occurred in the early period of pregnancy, in fact so early that she had not yet become conscious of her condition, though perfectly familiar with the phenomena of gestation in her own person, she being already the mother of six children, all of whom were born perfect and healthy, and all still living with the exception of one which died some time after birth. The recollection of this disagreeable circumstance, however, gradually passed from the minds of both herself and husband, and was finally entirely forgotten by them.

In due time she gave birth to a fine, healthy, and well developed male child, perfect in every respect, save one, and that was the entire absence of the right hand and wrist, the arm terminating abruptly at the extremities of the radius and ulna. The stump is protected with a covering of slightly loose cutaneous and other tissue, somewhat similar to that of an ordinary traumatic stump, which has a limited power of contraction and expansion resembling the flexion and extension of the wrist. On the anterior extremity of the stump there is a small, irregular transverse pit or groove, resembling slightly an old cicatrix. Above and beyond this there is transversely, a row of minute tubercles five in number, equivalent to, and representative of the fingers and thumb; four of these are in close juxtaposition like the fingers, and one representing the thumb, stands apart and to one side of the others.

Notwithstanding the impression upon the mind of the mother was in this instance so transitory as to be so completely effaced by time that it was not even recalled by the malformation of her child, and only revived through the recollection of her husband, yet it seems to sustain the view that the mental conditions of a female during pregnancy, do really influence the nutrition, growth, and developement not only of the whole body collectively, but also of every part separately of the fœtus in utero. Numerous facts might be brought forward in support of this view, but as the present object is merely to place this case on record, and not to write an essay upon the subject, this incidental allusion will suffice.

This case, then, in conjunction with many others, gives prominence to the apparent necessity for carefully regulating the mental conditions of females during gestation, in order to avoid the probability of accidental disturbances in the developemental processes going on for the organization of the progeny.

Remarks by the Editors.—On the 17th of September, 1855, we attended Mrs. P—— in her first confinement. Her child, a female, was apparently healthy and well formed in all respects, with the exception of a *malformation of the nose*, there being an entire absence of the lateral cartilages, giving the child a frightfully deformed appearance. The mother at

once attributed the deformity to a mental impression caused by frequently seeing an unfortunate girl who lived next door, who had a *cancer of the nose*. We saw the girl, and the deformity in the infant was certainly as perfect a reproduction of that of the girl, as though it had been modelled after it on a reduced scale. Fortunately the child only lived two or three weeks.

Is it not possible that Dr. Zeigler's case may have been one of spontaneous intra-uterine amputation, caused by the cord becoming wound around the wrist, such as are found detailed in Dr. Montgomery's original and highly instructive work on pregnancy? The mental impression appears to have been very slight, and the deformity is capable of being accounted for on the latter hypothesis. In either view, the case is an exceedingly interesting one.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

DEFERRED CLINICS.

JUNE 22D.

Service of Dr. Neill.

(Reported by Mr. J. B. Hayes.)

Traumatic Stricture.—All strictures are not gonorrhœal; this is traumatic, and was occasioned by falling against an iron post, 18 months ago.

He had gonorrhœa six years ago, but no stricture until this accident.

The patient says that he has had the stricture divided by the internal operation, with some relief. He has been for some time under the dilating treatment in this house, and has been enabled to pass a No. 7 bougie; but permanent strictures are often aggravated by spasms, and it is sometimes impossible or impracticable to introduce an instrument which had previously been used. He wishes an operation performed; but I have said that, if after having dilated it still further, it is impossible to keep it dilated, then we would cut it, by external incision.

A traumatic stricture differs in some measure from a gonorrhœal stricture. In both, the formation of new tissue is the same; but in the traumatic kind, it is more dense, irregular and linear.

A stricture is a contraction of the urethra, formed by a deposit of lymph outside of the mucous lining. This lymph assumes a contractile form, because the coat in which it is thrown out has a contractile power. It takes a long period for the exudation to assume this character, and it is often a long while before the stricture is developed.

The stricture here is in the bulbous portion, about one inch from the membranous portion, and is in a favorable place to be relieved by the external operation, (Syme's) which is preferable. The cut is made on a grooved director, from behind forwards. In stricture of a traumatic nature the operation is much more frequently demanded.

Some instruments for the internal division of stricture were exhibited, and their mode of action explained. The principle was the same in all—the projection of a lancet concealed in a canula. It is a mode of operation often followed by only temporary relief, and as already said, has been performed in this case.

Gonorrhœa.—This patient presents himself with a gonorrocea, on the decline. It has existed twenty-three days. He has a yellowish discharge, passes a good stream without pain, and has had the disease twice before.

Treatment.—This is a case that calls for simple remedies. I have given you my reasons why I prefer saline diuretics. I shall direct them in this case.

Certain forms of injections are, at the same time, particularly useful; but there are no such things as specific applications. I doubt the efficacy of the abortive plan, which consists of strong solutions of nitrate of silver, in the early stages.

The same satisfactory results do not follow the use of strong solutions of nitrate of silver in purulent discharges from the urethra, as in discharges from the conjunctiva.

So far as my own experience goes, no one injection is followed with such beneficial results as the sulphate of copper. It should be weak—one grain to the ounce, and you may begin to use it almost at the onset of the disease, once a day at first, then twice daily. Chloride of zinc, half a grain to the ounce, or nitrate of silver, one to two grain solutions, are often advantageous in the latter stages.

Stone in the Female.—Some fragments of urinary calculi were exhibited, which had been removed from a female patient.

After some remarks upon the impracticability or inconveniences of dilating the female urethra, Dr. N. stated his preference for lithotomy over lithotripsy, in the female. His usual mode was to etherize the patient, bring the stone down to the neck of

the bladder by the forceps, and then determine whether to extract it whole or to cut. Here the stone was of very fragile nature, and he had involuntarily crushed it.

The best direction in which to cut the female urethra was toward the sub-pubic ligament, dividing its superior semi-circumference from behind forwards.

Fracture of the Leg, with Deformity.—This fracture took place a year ago, and was treated out of this house. It is instructive rather as to the deformity in which it has resulted. It was a compound and complicated fracture of both bones. The internal malleolus projects an inch or more, and is ulcerated at the extremity; but this projection is a matter of no consequence, compared with the malposition of the foot, which is almost in a direct line with the leg. The heel is so much drawn up that the limb is entirely useless.

The *treatment* here will be to bring the foot at right angles with the leg, if possible.

Fractures of both bones near the ankle are very serious accidents; but the fracture-box contains all the elements for effecting the proper cure. The foot-board is absolutely an essential part, and you should look to it every day, that the sole of the foot is kept in proper position against the board, at right angles with the limb.

JUNE 25TH.

Fracture of Humerus below the Neck.—This occurred in a lad about fourteen years of age. He fell upon his shoulder three weeks ago, and the injury was supposed by his attendant to be of a trifling character. It now shows the effects of allowing such an injury to go unrecognized such a length of time.

There is a want of symmetry in the shoulders; the affected one is much more projecting anteriorly. There has been, I believe, a separation at the junction of the epiphysis and diaphysis. The term 'diastasis' is applied to this separation. Such a fracture could only occur in a young person.

Sufficient union has taken place to admit of motion of the head in its socket, by taking hold of the elbow. The sharp edge felt below the anatomical neck is the long fragment pushed forward.

Treatment.—An internal angular splint, and an external pasteboard splint, with a cap at its upper extremity, adapted to the shoulder. Nature will round off the sharp edge of bone.

This case will impress on you the necessity for a correct diagnosis in such injuries.

Injury to Eye.—This injury is of a serious nature. It is the result of a blow. The external tissues are red and swollen; the conjunctiva is inflamed, and the iris has ecchymosed spots on its lower semi-circumference. Yesterday the pupil was much dilated; to-day, it is of a half-moon appearance; the pupil is hazy, and the iris depressed. This ecchymosis I cannot say that I ever saw before. He has lost the sight of the eye, and I believe some injury has been done to the retina.

Blows on the eye sometimes produce instantaneous blindness. One cause may be rupture of the veins of the choroid coat, and effusion of blood in the eyeball. From such a cause the blindness is not permanent.

One instance, which came under my own observation, was a dislocation of the lens, from a blow by an infant. The sight was instantaneously impaired, with apparently no alteration in the eye. Only a knowledge of the anatomy of the eye, and an application of philosophical principles, in producing in the eye the images of a lighted candle, could reveal the fact of dislocation of the lens. The two images dependent on the surfaces of the lens were gone.

Treatment.—The patient has been cupped and purged. This is the first time that I have had occasion to cup during my present term of service. You have seen how rarely depletory treatment has been used by us in the treatment of surgical cases.

Cold water has been applied to the parts. Mercury or iodide of potassium may be necessary to produce absorption of the effusion into the iris and interior of the eye.

Operation—Extraction of Bullet.—This patient, often brought to the notice of the class, had, some time ago, a gunshot fracture of the humerus. The bone united rapidly, and the wound closed kindly. The bullet was not probed after at the time of his admission, owing to the oblique direction it had taken. A small, movable body, on the anterior portion of the arm, was suspected to be the bullet. An incision was made down upon it by Dr. Neill, and a flattened, grooved and roughened bullet extracted.

Closing Remarks.—Dr. Neill remarked that as this was the last clinical day of his term of service, he would give a statistical review, drawn up by the Resident Physician, of the cases presented by him the last three months. The operations he considered merely as a portion of the treatment, as much so as a poultice.

Some of the cases were of rare occurrence; but in every case he had endeavored to teach principles which trivial cases in private practice would demand, and which must be understood by every young surgeon.

Statement of Cases and Operations presented in the Amphitheatre, during the Clinical Service of Dr. Neill.

Prepared by the Resident Surgeons, Drs. HODGE and HARLAN.

Fractures.—Clavicle, Ribs, Tibia, Fibula, Condyles of Humerus, Humerus, Skull, Femur, Cervix of Femur, Inferior Maxilla, Radius, Ulna, Pelvis, Vertebra.—Total, 56.

Compound Fractures.—Leg, Humerus, Elbow, Femur.

Dislocations.—Acromial End of Clavicle, Head of Femur (recent), do. (15 years standing)—4.

Diseases of Bones and Joints.—Necrosis of Parietal Bone, do. Tibia, do Pelvis, do. Stump of Humerus; Periostitis of Forearm; Disease of Knee-joint.—8.

Ulcers.—Corona Glandis, Thigh, Stump of do., Leg, Chest.—25.

Wounds.—Penetrating, Incised, Gunshot, Lacerated, and Contused; of Cornea, Chest, Throat, Hand, Arm, Scalp, Face, Nose.—13.

Contusions.—Face, Scalp, Groin, Hand, Foot, General do.—10.

Burns.—Face, Back, Arms, Hand.—4.

Diseases of Skin.—Chronic Eczema, Pityriasis Versicolor, Syphilitic Eruptions, Lupus of Breast, do. Hand.—5.

Diseases of Eye.—Iritis, Syphilitic do., Cataract, Staphyloma.—6.

Diseases of Scrotum and Testicle.—Orchitis, Sarcocele, Hydrocele, Tumor of Epididymis.—9.

Venereal Diseases.—Gleet, Gonorrhœa, Stricture, Bubo, Chancre, Nodes, Syphilitic Tubercle.—16.

Diseases Incident to the Treatment of Cases.—Traumatic Pneumonia, Angeioleucitis, Erysipelas, Tetanus.—6.

Post-Mortem Exhibitions.—Gunshot Fracture of Scull, Depressed Fracture of do., Fracture of Base of do., Clot from Fracture of do., Contusion of the Brain, Laceration of do., Fracture of Humerus, Contusion of Brachial Artery, Carcinomatous Tumor of Breast, Gunshot wound of Neck, Abscess in Head of Tibia, Rupture of Liver, do. of Spleen.—14.

Operations.—Hydrocele; Amputation of Finger, Forearm, Thigh, Metatarsal Bone, Metacarpal do., Toes; Excision of Conjunctiva, Staphyloma, Tumors of Breast, of Popliteal Space; Cataract; Abscess of Knee; Luxation of Head of Femur Reduced.—21.

Dr. Young, of Edinburgh, reports the successful treatment of a number of cases of hydrocele, by Simpson's plan with the iron wire seton. No more inflammation is said to be excited by the presence of the wire, than is necessary for the adhesion of the walls of the sack.

Reviews and Book Notices.

*** We have received a pamphlet with the following title: "ΚΑΠΠΑ ΛΑΜΒΔΑ—*some account of a Secret Society in New York, entitled the* 'Kappa Lambda.' In a letter to Alexander H. Stevens, M. D, LL. D. By a Retiring Physician, *Shol to Dhu Glas*" It is "got up" in a distressingly neat style, being printed throughout (with the exception of the appendix of notes,) in the sort of type termed by printers "script."

The style of the letter is pedantic, and as its author writes under the assumed name of "*Sholto Douglas, M. D.*, (*anglice*—according to our author—"*see that dark grey man,*") we do not see but he is quite as obnoxious to the term "Kappa Lambdaism" as any member of the association against which he has raised his pen. We might say some severe things of both this pamphlet and its subject, but as we are decidedly opposed to medical know-nothingism in all its phases, we commend it to the shades, except as a specimen book of some New York type and stereotype foundry, for which purpose it answers tolerably well.

Editorial.

THE BRITISH MEDICAL ASSOCIATION.

The twenty-seventh annual meeting of the British Medical Association took place at Liverpool on the 27th, 28th, and 29th of July. The description of it as published in the London journals reads very much like the descriptions of the meetings of our own American Medical Association. We notice however, this marked difference. Instead of Reports from Standing Committees and National Reports on Health, often read by title merely, or at most a short abstract of them given, and then referred to the Committee on Publications, as with us, the meeting of the British Association was more like a meeting of one of our State Medical Associations. Voluntary reports of cases, either written or oral, were made, and discussed in open meeting. There were a few committees on special subjects, whose reports were read before being referred. The association censured the Edinburgh College of Physi-

cians for certain irregularities in granting their license to a homœophathist, and a resolution was offered, but subsequently withdrawn, censuring the same college for offering their license in consideration of "a money payment," to any one having any Medical or Surgical practice whatsoever.

The members breakfasted, dined and "lunched" together, and were entertained by the Mayor, after the most approved American style, though we see no mention made of reünions at the houses of resident members, in the evenings so pleasant a part of the meetings of our own Association. There was also an excursion "up and down the river in the Jackal." We hardly expected to find so much similarity in the proceedings of these two august bodies.

The next meeting was appointed to be held at Torquay, and Dr. Radclyffe Hall was elected president. At the meeting in Liverpool, about two hundred members were present, while only about one hundred members sat down to the Mayor's breakfast. Such an occasion with us, usually calls out the full strength of the convention!

We are sorry to learn that the Association is kept in perpetual difficulty by the expenditure on the *Journal*, (its "Transactions.") The Association is in debt to the unpleasant tune of $10,000, and the inability to discharge this debt prevents its "incurring any expense in scientific inquiries, or in the publication of such volumes of transactions as might be looked for from so numerous and intelligent a body of workers."

"ELEVATING THE STANDARD OF MEDICAL EDUCATION."

Some of our brethren at the West have queer notions of elevating the standard of medical education. To us, at this distance, some of their plans look very much more like elevating the standard of their classes. For instance, in Cincinnati, where of all places the profession should *unite* to resist the inroads of the most specious forms of quackery, there is so much rivalry and underbidding for the purpose of getting students, that one school offers to teach them for nothing, and publishes a monthly newspaper as an advertisement. This school—the Cincinnati College of Medicine and Surgery—publishes in its newspaper a flaming announcement of its faculty, which consists of eight professors and four adjuncts, most of whose names are entirely new to us, all of whom express an anxiety to labor gratuitously to elevate the standard of medical education. We devoutly hope that they will succeed!

The following extract from their monthly announcement we commend to our readers for its cool impudence:

"The old plan of sending out a pamphlet of *sixteen pages*, by way of *puffing*, should be discarded, as an insult to the general intelligence of the members of the regular profession, and only suited to and required by—*Quacks*, and the Institutions that manufacture them."

☞ We would call the attention of our readers to the *Prospectus of Volume Third*, in the advertising department of this number.

Periscope.

FOREIGN.

From the German by L. Elsberg, M. D., of N. Y.

(*Concluded from page* 418.)

Report on Staphyloma Posterius.—III. Posterior Staphyloma is a disease of rather frequent occurrence. *Jäger's* experience assigns to it a percentage of 2 "on all persons suffering from anything connected with their eyes," he having met with 60–80 cases among 3–4000 patients. *Von Gräfe* found of 1000 cases of Amblyopy, 420 owing to posterior staphyloma. With greatest frequency it occurs in young persons, the more advanced in years exhibiting the secondary affections, the terminations and sequelæ already; or else the primary condition has existed and remained stationary for a long time. As already mentioned, the disease affects almost exclusively short-sighted persons, and therefore principally literati, artists, printers, engravers, jewellers, &c., the

male more than the female sex. That it is hereditary, there is, at present, as little proof, as that it ever exists at birth. Inflammatory conditions of the eye and their sequelæ, as well as congenital cataract, seem to predispose.

Nature of the Disease.—On this point opinions differ materially, of little consequence however, practically. For our report a few words under this head will suffice. *Sichel* regards it as an inflammation of the choroid; *Jäger*, as caused by fœtal scleritis; *Arlt*, as a mechanical protrusion by muscular pressure; *Gräfe*, as *Sclero-choroideitis posterior*. *Noizet* explains the disease by assuming the faculty of accommodation exerted with great activity under certain circumstances; of these he regards as the principal the presence of originally less resistance in the sclerotic, which, as is well known, closes last at the very place where staphylomes are developed, and where there exists in the fœtal eye, also, the "protuberantia scleralis."

The noncommittal name of *Posterior Staphyloma* is certainly at present to be preferred, as free from all contending theories.

IV. *Treatment.*—Due consideration being paid to the etiological influences, the treatment of posterior staphyloma is obvious. To prevent stasis in the eye, all strained or close and sharp vision is to be strictly and absolutely prohibited; solution of atropine may be dropped in locally; proper attention must be given to the action of the bowels and other functions. "The general health, and especially the nervous system, must be braced up." Sometimes local loss of blood may be advantageous. The basis of all treatment is that the patient give up *entirely* every occupation involving accommodative energy of the eye, if the disease is to be kept stationary for any length of time, or (what sometimes may even be done) to be completely arrested. The disease being recognized and understood from the foregoing symptomatology and pathological anatomy, the treatment may be conducted on general principles. To make the prognosis favorable, the first stage of the disease must not yet have been passed, hence *the necessity, for successful treatment, of* EARLY DIAGNOSIS. It must be made a fundamental rule, that the myoptic, who at the same time suffers from posterior staphylome, do not seek solace from concave glasses, as is usually done, but *avoid all glasses*. Even the use of what are called conservation spectacles, which most writers on the subject allow, is to be most strictly interdicted during the treatment. From inattention to this rule, and ignorance of the physician and patient as to the existence of the post. staph., and therefore want of treatment on general principles, do so many simply short-sighted persons lose, sooner or later, all sight.

The Thymus Gland.—We find the following analysis of M. Friedleben's work on this gland in the *Medical Times and Gazette* of July 23d.—

Anatomy: 1. The thymus is a gland without any external duct; it is composed of an infinite number of lobules, each one consisting of closed follicles, united together by a very fine cellular tissue. 2. Its nerves are the nerves of its vessels, and proceed from the ganglions of the sympathetic nerve. 3. The thymus has no free cavities; what have been taken for cavaties are interlobular intersections. 4. It contains a secretion composed of a clear transparent fluid, holding innumerable round nucleoli in suspension, mixed with some cells. 5. The nucleoli pass directly into the veins of the thymus. 6. The follicles of the thymus continually perish and are renewed; the bodies which have been called concentric are only follicles during their metamorphosis. 7. The thymus increases continually from its embryonic origin up to the age of puberty; but its increase is relatively less than that of the body. Between the ages of fifteen and twenty-five it remains stationary. It begins to diminish in volume at the end of this period, rapidly decreasing in adult life. After this period the thymus is rarely met with; and only in the form of fatty tissue.

Labor with Unbroken Hymen.—John S. Beale, Esq., M. R. C. S., (*Lancet*, July 23d) reports three cases of labor with unruptured hymen, which have come under his observation during a period of seventeen years, and which are selected from 2,500 midwifery cases. The patients were all married. In all the cases the passage of the fœtal head destroyed the membrane, without its offering any impediment to the completion of labor; and in each the hymen was situated at the orifice, and not, as sometimes happens, more internally. These cases are interesting in a medico-legal point of view, showing that sexual congress may be repeated, pregnancy ensue, and continue for the full period, without destruction of the membrane.

Emboli.—This peculiar affection of the arteries, often causing sudden death, by obstructions of the vessels by fibrinous concretions, we find briefly, but very satisfactorily described, in the *Medical Times and Gazette* of July 23d. They are the conclusions drawn up by Prof. Schützembergen.

1. Fibrinous concretions or solid bodies formed in the heart or great vessels, may be detached from their seat, carried along in the current of blood, and so obstruct different secondary branches of the vascular system. 2. This fact is neither absolutely rare nor exceptional, it constitutes a special and very peculiar affection of the arteries, which has been called by Virchow, "Emboli." 3. This affection which was for a long time misunderstood; is now shown to exist both by scientific induction, and by clinical and microscopic observation. 4. It has been observed as a consequence of gangrenous inflammation of the pulmonary veins; of organic affections of the left side of the heart; and of atheromatous degeneration of the large arterial trunks. 5. Its most frequent cause is derived from fibrinous or calcareous concretions, and polypoid excrescences developed on the mitral valve, and carried along in the current of blood. 6. When the patient does not succumb under a first attack, another generally follows; thus the attacks are multiplied. 7. The arteries most frequently found affected are:—the Sylvian artery, the internal carotid, the arteries of the upper and lower extremities, the splenic, renal, external carotid, and mesenteric. 8. The obstruction ordinarily occurs at contracted points of the arteries. 9. If in consequence of the obstruction, a collateral circulation is established, only temporary disturbance is produced. 10. But if no collateral circulation is established, then follow organic alterations, mortifications, and gangrene, dry or humid, partial or general. 11. In the parenchymatous organs the obstruction of the arterial branches produces sanguinary or circumscribed fibrinous infarctus. 12. In the brain, the infarctus usually occasions yellow softening. 13. In the spleen and in the kidney, the infarctus produces a special lesion, exactly circumscribed, ordinarily of a conical shape, varying in color according to its age, and often denser than the rest of the parenchyma. 14. Emboli in the cerebral arteries produce functional disturbances analogous to an attack of apoplexy. The symptoms do not differ from those of cerebral hæmorrhage, or acute softening.

Concave Knives in Flap Operations.—Geo. Allerton, Esq., M. R. C. S., makes a good suggestion in the *Lancet* of July 23d, in regard to the form of knife to be used in flap operations, especially in cases where the limb is very fleshy, or where the cellular tissue is much infiltrated. In such cases the flaps are often so bulging and bulky as to prevent a nice adaptation of their surfaces, and suppuration and sloughing occur, which not unfrequently terminate in death. Two operations have been proposed to meet this difficulty, viz. that of Mr. Luke, who recommends making the under flap first, and that of Mr. Erichsen, of making skin flaps with the circular incision of the muscles. Mr. Atherton thinks, however, that both practices may be avoided by the use of the concave knife:

"The proper curve to give to such a knife must be determined by experience, but I should think that a curve having a radius of thirteen or fourteen inches would suffice, the blade being in other respects like the ordinary double edged flap knife, with a blade about ten inches long in the cutting part. The handle and the blade should take the same sweep, the curve, of course, being on the flat surface. To use such a knife, it would be necessary to transfix the limb, taking a good sweep round the bone. The point once fairly through, thrust it onward and forward from point to heel, keeping its convexity well down in the muscles; then draw it back from heel to point in a corresponding direction, and finish the flap by cutting out. The best mode of using such a knife would, however, soon suggest itself to practical men, and I think its advantages would be great in some cases."

Faradisation; or, "Local Electrisation."—Last week we gave some description of the treatment of lead colic by the local application of electricity by induction, or Faradisation, as it is termed. In the Paris correspondence of the *Med. Times and Gaz.* of Aug. 6, we find some further description of the local application of electricity in the treatment of disease. M. Duchenne, of Boulogne, a celebrated French physician, availing himself of Faraday's discovery of "electricity by induction," has shewn its value and adaptation to the treatment of a great variety of diseases, intractable in their character, and sometimes setting at defiance every other method of cure. By an ingeniously de-

vised apparatus, and the adaptation to it of a great variety of exciters, M. Duchenne professes to be able to act either on the surface of the skin or its deeper seated layers, or on the muscles and internal organs, without interfering with the super-jacent tissues. This he calls "local electrisation."

M. M. Légendre and Morin have devised an apparatus for the purpose different from that of Duchenne, to which preference is given in the hospitals of Paris. "In this apparatus the primary motor power is a galvanic current proceeding from a Bunsen pile, which by its influence electrifies small bars of soft iron, and so renders them magnetic. The iron having become a magnet, acts in its turn by influence on a very fine wire placed near it, and there determines the electric current called 'current by induction.'

"Local electrisatien, or Faradisation, M. Duchenne treats of under three great heads: 1. Electrisation of the skin; 2. That of the muscles; 3. That of internal organs, the organs of sense together with the organs of sensation. We shall as briefly as possible notice these three divisions in succession, and our remarks will be a simple condensation of the views of this celebrated physician, as exposed in his treatise, published some three years ago, and entitled 'De l'Electrisation localisée et de son application á la Physiologie, á la Pathologie, et á la Thérapeutique.' Regarding the subject as one of intense interest to the profession, and considering it just possible that the above treatise may not be familiar to all your readers, we deem it advisable to lay before them such parts of it as may interest them most, and which may tend to stimulate them in the further prosecution of this important branch of medical therapeutics. Different parts of the skin being endowed with different degrees of sensibility to the electric currents, it naturally follows that in Faradising different regions some modification in the method or manner of performing it becomes necessary. For this reason Duchenne divides the different methods of cutaneous Faradisation into three classes: 1. Faradisation by the electric hand; 2. By metallic exciters, that is to say, by the application to the pole of globular, oval, or conical pieces of metal; 3. Faradisation by means of metallic cords. The peculiar effects to which each of these methods give rise are different in each case, and hence their application requires a special study'

"*Faradisation by the Electric Hand* is accomplished in the following manner: A wet sponge, enclosed in a cylinder, is attached to one of the poles of the machine; the sponge is then applied to a portion of the skin endowed with but a small degree of sensibility, as, for example, over the sacra-lumbar region; the second exciter connected with the apparatus is held by the operator, who, after having carefully dried the skin by means of some absolvent powder, passes his hand rapidly over those parts which he wishes to stimulate. This is the mildest form of cutaneous Faradisation, and, except when applied to certain parts of the body where the sensibility is exceedingly great, its effects are barely perceptible.

"*Cutaneous Faridisation by some Metallic Bodies* is effected thus:—The skin is carefully dried, as recommended, for the electric hand, unless in those cases where the epidermis is thick and hard, as happens sometimes in those persons whose calling exposes them to much contact with the air, or substances calculated to harden it; in these latter cases it is even necessary to moisten the surface, in order that the electric excitation may penetrate the entire derma. This done, the metallic exciters, whether oval, conical or globular, are passed over the skin. The globular and the oval, or olive-shaped, are intended to excite by their convex surface the skin of the limbs and the thorax, while the conical-shaped exciters are used in the Faradisation of the scalp. All these solid metallic exciters must be passed with more or less rapidity over the affected parts; cases do occur, however, where it is necessary to produce a very powerful revulsion in a limited space, and to accomplish this, the point of the olive-shaped exciter must be left in full contact with such spot until the desired effect be produced. From the extreme pain to which the contact of the olive-pointed exciter with the skin gives rise, it has been designated the "clou electrique" (electric nail,) the patients comparing the sensation to that which might be produced by a burning nail driven into the skin. This form of Faradisation can be applied especially in the neighborhood of the vertebral column.

"*Faradisation by Metallic Cords.*—The metallic cords are used in the form of small rods, or small brushes, which are fixed in cylinders, the latter of which are attached to the isolating handles by means of screws. Sometimes the Faradisation is accomplished by whipping the skin with the metallic brush,

and sometimes the brush is allowed to remain in contact with the skin as long as the patient can bear it. The former method is that most frequently in use; the latter can be with difficulty supported by the patient, and is had recourse to only in deep-seated affections, such as white-swelling of the knee, or other important articulations. This is called the 'electric moxa.'"

AMERICAN.

Recto-vesical Lithotomy.—In the REPORTER of July 30th we announced this operation as having been performed on the 18th ult. by Dr. Louis Bauer, of Brooklyn. We are glad to learn from an advanced sheet of the *N. Y. Medical Gazette* for September, in which a full description of the operation is published, that its success justified the most sanguine expectations of the operator. On the 26th, *eight days* after the operation was performed, the patient was discharged *cured*, the silver sutures having been withdrawn the preceding day. So completely had the wound been closed by the silver sutures, that nothing occurred to interfere with the curative process. There was no leakage of urine through the wound, and very little constitutional disturbance followed the operation, which in all its details reflected the greatest credit on all concerned. The success of this operation will doubtless encourage others to resort to it.

Propylamin.—In some of our recent reports of the practice at the Pennsylvania Hospital, it will have been observed that Dr. Levick prescribed *Propylamin* in the treatment of Rheumatism. As this substance is attracting considerable attention in the treatment of this disease we copy the following description of the medicine and the method of obtaining it, from an article in the *Boston Medical and Surgical Journal*, by Mr. James R. Nichols of that city.

Propylamin is a clear, transparent liquid, having a pungent ammoniacal alkaline taste and smell. A feeling of causticity is produced, when a portion is rubbed between the thumb and finger. It may be derived from a variety of sources, from ergot, cod-liver oil, bone oil, human urine, &c, but most properly, for medicinal purposes, from herring pickle. When a quantity of old pickle is treated with a strong solution of potassa, a pungent odor, like ammonia is evolved, which is propylamin liberated from its combination with an acid in the liquid. The neutral solution must be quickly distilled, and the process continued so long as the fishy odor is observed. The distillate is then saturated with hydrochloric acid, evaporated with much care to a dry crystalline mass, then treated with absolute alcohol, until the whole of the propylamin salt is dissolved out. A second careful distillation with hydrate of lime affords a small portion of pure propylamin. I have found that nearly all that should be used for medicinal purposes, comes over without the application heat, or from slight warming. Imperfectly or unskillfully prepared, the remedy will prove worthless, while fresh specimens of *true* propylamin may possess great medicinal value.

The virtues ascribed to propylamin in the cure of rheumatism, and affections of a rheumatic origin, are extraordinary. Dr. Awenarius, of St. Petersburgh, has treated (according to a notice translated from Bouchardat's *Repertoire de Pharmacie*, by Prof. Proctor, for the *Journal of Pharmacy*), two hundred and fifty patients in the hospital of Kaulinkin at St. Petersburgh, between March, 1854, and June, 1856, and in acute cases the pain and fever *always disappeared the next day.* He regards it "as a true specific for the various affections of rheumatic origin." The diagnosis of these diseases being often very obscure, one can succeed (says M. Awenarius), by the use of propylamin in bringing to light, in a few days, the true nature of the malady. It is stated to have been employed in outside practice with equal success.

Although the claims for the new agent may be, and probably are extravagant, still, should it be found to have, in any measure, control over the specific disease for which it is recommended, it will indeed be a blessing to a suffering class of patients, and therefore merits a trial at the hands of the profession.

The remedy is prescribed in the following manner:—R. Propylamin, gtt. xxv.; distilled water, f ℥ vi.; and when necessary, add oleo. sacch. peppermint, ʒ ij. Dose—a tablespoonful every two hours.

Death from the Bite of a Snapper.—The *Middleboro'* (*Mass.*) *Gazette* says that a boy in Plympton, who was bitten on a finger by a snapping-turtle, died in a few days, with all the symptoms of a violent hydrophobia.

Medical News.

The Medical Library of the Pennsylvania Hospital is now considered to be the best collection of medical works in this country. It was founded in the year 1763, and has grown gradually since that time by the yearly addition of the standard works of medical literature, and at this time contains about *eleven thousand volumes.*

A *Catalogue raisonné*, of the library, arranged after the plan of the Library of the Medical Society of Edinburgh, adds much to its general utility and is a model of systematic accuracy and correctness.

In this priceless collection all varieties of pursuits and tastes in medicine may be satiated. Here is an immense field for the medical antiquary in which to exhume the fossils of an antediluvian chaos of science. The medical historian may plod until weary through the mediæval darkness, and the shelves are yearly lengthened by the addition of all that is valuable in modern medical enlightenment.

The library is accessible to the medical profession and students, under certain regulations, and has always been the resort of many who have contributed to the high medical character of Philadelphia, and American medical literature is indebted to it for many facilities which could not have been obtained elsewhere than in the Library of the Pennsylvania Hospital.

An English paper says that an ostrich received recently by Dr. Lepetre, Member of the Zoological Society of Acclimation at St. André le Fontenoy, near Caen, died three days ago, and on being opened, a clasp knife, some stones, some nails and a file, were found in his stomach.

The *Atlanta Med. and Surg. Journal* says that "*hospitals are of no very great service to the medical student previous to graduation!*"

This opinion is strongly illustrative of the fable that alludes to some *grapes* which being out of reach, were considered *sour.*

The Journal honestly acknowledges that *after* graduation, (we suppose it means *at Atlanta,*) it is important to visit the northern hospitals.

Caudalism.—There be many caudal appendages—to men's names. Thus we have "*M. D.*"—perhaps a necessary evil, though it has suffered so of late, by association, that we confess to a desire to supplant it. Then there is "*LL. D.,*" which certainly sounds out of place appended to a *physician's* name—and it too, lately received a terrible blow, as announced in a recent number of the REPORTER. Then, again "*Professor*" of this, (well enough,) and "LATE *Professor*" of that—"*Member*" of this "*Society,*" and that; and, finally, by way of covering up all supposed deficiencies, the ambiguous, "*etc., etc., etc.*"—cauda caudæ!

But the "cap-sheaf" of all titles (to use a provincialism) comes to us at the head of an interesting communication in a late number of our excellent cotemporary the *New York Medical Press,* by Augustus K. Gardner, M. D., "*Editor of Tyler Smith's Lectures on Obstetrics!*" There sirs, is "honor" for you—but honor to whom, remains an open question!

Freaks of Lightning.—In Otsego Co., N. Y., a short time since, a whole hop yard, covering three and a half acres of ground, was struck by lightning, and nearly the whole crop of hops destroyed. The vines were supported upon strings attached to wires that run from posts on each side, and these were connected by cross wires, so that when the electric charge fell upon a corner post which it shivered, it ran over every wire, and down nearly all the posts, as well as down many of the strings and the climbing vines, in some instances tearing the roots out of the ground, and tearing from the seventy-eight posts that held the wires a wagon load of kindling wood.

In Boylston, Mass., the house of Mr. Eli Hutchins was struck by lightning. The house-dog was killed, while a child who had his hand upon the back of the dog at the moment it was killed, escaped uninjured. The house was guarded by one of Lyon's twisted copper lightning rods.

Dr. W. P. Williams, formerly of Maryland, has been appointed to the post of Quarantine Physician at the port of New Orleans.

Dr. Von Moschzisker—This individual, who professes to be an occulist and aurist, has been sojourning in our city for some time, with what success in mending or destroying eyes or ears we are unable to say, though he does not seem to have created very great excitement by his presence. As we saw his baggage a few days since at the Pennsylvania Railway depot, we presume that he is going to "try his hand" again somewhere at the west. What his previous performances have been in that section of country, may be gathered from the

following extract from the Memphis *Eagle and Enquirer*, which we find in the *St Joseph Journal of Medicine and Surgery*. Perhaps the celebrated Dr. Von Jaw-breaker has gone back to Memphis, to finish up his work there. Newspapers are so given to puffing roving quacks, that it is rather refreshing to see them compelled to eat their own words, as the *Enquirer* does:

"Just two days after the publication of the article referred to—that is, two weeks ago to-day—Dr. Von Moschzisker suddenly took his departure from Memphis, leaving a number of patients, of whom we were one, entirely in the lurch. No notice of his departure was given, and the cause assigned was the reception of a dispatch from Philadelphia, announcing the serious illness of his wife. This, together with a message left for us that he would send directions back, has caused us to delay this publication. We have waited until all hope of his fulfilling his promise has vanished, and we have no reason now to consider him other than a consummate swindler. We therefore now retract all we have said of him as a gentleman or an honest man, and we warn every one who may be afflicted with disease of the ear or eye, against placing the slightest confidence in his promises. He assured us of a cure; we paid him his fee in good faith; he treated us two weeks, and then left; and we are no better off than we were before Others in this city were served in the same manner."

New York Sensations.—Our Gothamite neighbors are sadly in need of a corporation chemist. They cannot live without having "a sensation" of some kind on the carpet. They recently had some cases of cheese poisoning which would have startled none but a New York community, and out of which the chemists made a job, and a committee was sent in pursuit of the origin of the cheese, in expectation of developing a "terrible tragedy," whereas any medical tyro could have told them that it is no very uncommon thing for green cheese to poison, and that it seldom, if ever, proves fatal.

Then the Croton river must cause a panic through the city, merely because the water had a sedgey odor and taste, and chemists and committees are again called into play to allay the excitement. Of course "nothing was discovered"—but water. In the meantime, the Academy of Medicine very foolishly, as we think, volunteers its recommendation that the supposed deleterious matters in suspension in the croton water, be precipitated by the addition of alcohol, which would, of course be equivalent to recommending the addition of bad whiskey. The remedy in this case is worse, a good deal, than the evil.

We anxiously await the next New York sensation. According to the *Medical Press*, one may certainly be looked for from the first to the middle of October. After our return from "the sea shore," we shall look to the *Press* for a supply of "wind," that we may have wherewith to give vent to our feelings on the occasion!

Fighting on an Empty Stomach.—The *Times* correspondent says: "Finally, as to the condition of the Austrian soldier going into battle. There is no doubt that an ill-fed army does not fight so well as one which freely partakes of food. Now, the Austrian army is an ill-fed army. The rations of a soldier in Italy consisted of one-half pound of beef and a proportional quantity of bread. Neither wine, nor spirits, nor coffee, are part of the bill of fare. If the Austrian soldier wants more than his ration, he buys it. This is a fruitful source of disorder. On a march the soldier falls out of his rank to buy cheese or bacon. He must run to resume his place, and he eats in the ranks. He is obliged so to satisfy his appetite and quench his thirst, because the regulation is that he shall cook but once a day. In time of peace the meal is cooked and served at a regular hour. In time of war, on a march for instance, the cooking takes place in the evening, after the bivouac is prepared. The meal having been eaten, the soldier lies down, and is not entitled to another for 24 hours. The result of this at Solferino, has already been mentioned. The soldiers ate their dinner on the evening of the 23d, and were not entitled to another until the evening of the 24th. In the meanwhile a battle was to be fought, on an empty stomach."

The above may be in accordance with military gastronomics, but we venture the opinion that in civil life the reverse holds good, and that to civilians, an empty stomach is sufficient *casus belli*, and an excuse for general exasperation and bellicose feelings. The experience of our readers probably is, that a full meal tends rather to amiability and a dozy tranquility, than to fighting inclinations.

The first Napoleon remarked that "the strength of an army is in its legs;" the third Napoleon locates it in the stomach, so the latter keeps his men well fed.